

# **APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

REGISTRATION# G16000091722

**Fictitious Name to be Registered:** VOICES FOR FLORIDA

**Mailing Address of Business:** PO BOX 956  
TALLAHASSEE, FL 32302

**Florida County of Principal Place of Business:** MULTIPLE

**FEI Number:** 59-1710785

**FILED**  
**Aug 24, 2016**  
**Secretary of State**

**Owner(s) of Fictitious Name:**

THE FLORIDA CENTER FOR CHILDREN AND YOUTH INC.  
111 S MAGNOLIA DR SUITE # 4  
TALLAHASSEE, FL 32302  
Florida Document Number: 736581  
FEI Number: 57-1710785

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

LINDA ALEXIONOK

08/24/2016

Electronic Signature(s)

Date

**Certificate of Status Requested (X)**

**Certified Copy Requested ( )**